

# DAILY BULLETIN

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## AIDS CONFERENCE IN BANGKOK COMES AT A TURNING POINT IN EPIDEMIC

Opportunity exists to move anti-disease efforts to new level

By Charlene Porter  
Washington File Staff Writer

Bangkok -- The XV International AIDS Conference began in Bangkok July 11 with organizers predicting that the event could mark a turning point in the history of the 23-year-old epidemic.

The conference is held biannually and is considered the largest global meeting focusing on the scientific and social aspects of the epidemic. It is hosted by the International AIDS Society (IAS), partnered this year with the government of Thailand and nongovernmental organizations focused on the disease. The IAS reports that 17,000 health care workers, scientists, researchers, leaders, activists and people living with AIDS are participating in the July 11-16 event.

At a press conference just hours before the opening ceremonies, IAS President Joep Lange said the conferences have “changed the way the world looks and thinks of AIDS” since the first meeting held in Atlanta in 1985. He said the Bangkok meeting has the potential to be a “watershed event,” moving the world’s fight against AIDS to a new level, if there is a successful realization of the conference theme “Access to All.”

IAS background documents say the theme is to promote “access to essential HIV related science, preven-

tion, treatment and resources for all people of the world, regardless of geography.... It is access for all infected and affected groups.”

Joint United Nations Programme on HIV/AIDS (UNAIDS) Executive Director Peter Piot said the context of the conference is “fundamentally different” than any of the previous sessions convened by the IAS because now some people in the developing world are receiving treatment with the antiretroviral drugs that have prolonged survival and returned quality of life to HIV-infected persons in the developed world. The challenge ahead is to rapidly expand treatment delivery to millions more who need it, Piot said.

UNAIDS released a report a week before the conference estimating that 38 million people worldwide are infected with the virus, with nearly 5 million newly infected in 2003 alone.

At the same news conference, Dr. Stu Flavell, executive director of the Global Network of People Living with HIV/AIDS (GNP+), another sponsoring organization, said the Bangkok event comes at a “critical moment” in the course of the epidemic. He pointed to several major initiatives now working to deliver antiretroviral treatments to people infected with the AIDS causing the HIV virus -- the Global Fund to Fight AIDS, Tuberculosis and Malaria; the U.S.-sponsored President’s Emergency Plan for AIDS Relief (PEPFAR), delivering treatment and care in 15 of the most seriously stricken nations; and the World Health Organization’s “3 by 5” program, aiming to deliver AIDS treatment to 3 million people by the end of 2005.

“There’s no question that HIV care can be delivered anywhere there are people living with HIV/AIDS,” said Flavell. Whether the world will rise to the challenge of providing access to all is the question now in balance, he said, in the face of an epidemic that is “not polite.”

The AIDS epidemic “is about sex and drugs and death, and none of those things are comfortable topics,” Flavell said. He said the effort to help people infected with HIV will require decades of commitment from the global community despite the social and cultural discomfort with the ways in which the virus is transmitted.

At a separate news conference, U.S. Global AIDS Coordinator Randall Tobias said the Bangkok meeting is “an opportunity for the world to come together to fight this disease, HIV/AIDS, which is a remorseless killer.”

The leader of the U.S. delegation to the conference, Tobias called for a sense of unity to achieve “maximum effectiveness” in the battle against the disease. “It is my hope that all of us can leave whatever other agendas we may have at the door and work together because we simply must find ways to put our energy into collaboration.”

Tobias said he will also be working this week to encourage other nations to join the United States in the heightened commitment it has made over the last two years in tackling the epidemic in the developing world.

“This year America is putting about twice as much money to work in this fight as all the other donor nations of the world combined, and we need every donor nation to step up its commitment,” he said.

Tobias also called for a collaborative exchange of ideas on how best to address the problems of providing treatment and care, expanding treatment efforts and coping with the social ravages of the epidemic.

The United States has been working for 20 years in the developing world to help stop the epidemic. The current \$15 billion initiative PEPFAR aims to treat at least 2 million HIV-infected people with antiretroviral therapy, prevent 7 million new infections and care for 10 million orphans and other people affected by the disease. PEPFAR is targeted to 15 nations that are home to about half of all the world’s HIV-infected persons.

Beyond the PEPFAR initiatives, the U.S. Agency for International Development operates AIDS program in partnerships with local governments and organizations in almost 100 countries.

## U.S., THAILAND COLLABORATE IN FIGHTING SPREAD OF HIV-AIDS

Embassy fact sheet highlights joint efforts over more than a decade

The U.S. Embassy in Thailand has issued a fact sheet documenting more than a decade of collaboration between U.S. and Thai health and military officials in fighting the spread of HIV and AIDS.

The July 9 fact sheet notes that, since 1990, their joint efforts have succeeded in decreasing the number of new infections to an estimated 25,000 per year.

“International collaboration has been especially important since the 1997 Asian financial crisis, when Thailand cut its budget for HIV and AIDS by nearly 30 percent,” said the fact sheet.

It cited work by the U.S. Army component of the Armed Forces Research Institute of Medical Sciences (AFRIMS), a joint U.S.-Thai military tropical medicine research laboratory, including monitoring of HIV prevalence among military recruits and preventative interventions that reduced the number of cases of sexually transmitted diseases to one-seventh of the previous level.

In what it described as the world’s largest trial of a preventive HIV vaccine, the fact sheet said, “The U.S. Army and the TAVEG (Thai AIDS Vaccine Evaluation Group) have carried out a series of clinical evaluations of HIV vaccines which have been made specifically to resist the strain of HIV found in Thailand.”

According to the fact sheet, collaboration between the U.S. Centers for Disease Control (CDC) and the Thai Ministry of Public Health (MoPH) beginning in 1990 focused on HIV prevention research in 4 key areas: behavioral science, and sexual, parental, and mother-to-child HIV transmission (PMTCT).

“CDC’s Global AIDS Program in Thailand (GAP) was launched in 2001. Under a Five-Year Country Plan developed in collaboration with the Thai MoPH, HHS/CDC provides support for projects to strengthen HIV/AIDS prevention and care activities,” the fact sheet said.

Additionally, it reported, “In 2002, CDC-GAP initiated an Asia Regional Program to coordinate and facilitate technical support, training, and information exchange workshops among the five GAP countries in the Asia

region (Vietnam, Cambodia, China, Thailand, and India), as well as countries in the Asia region without bilateral CDC programs on HIV/AIDS.”

USAID contributed to HIV/AIDS prevention efforts by funding Family Health International’s (FHI) AIDSCAP project targeting lower-income people between the age of 15 and 29. The fact sheet noted that the program has had considerable impact throughout Asia, by allowing FHI to facilitate cross-border linkages and improvements in the capacity of countries in the Asia region to respond to HIV/AIDS.

Other USAID efforts including the opening of the HIV/AIDS-Health Office (HHO) in Bangkok June 2003 to implement regional HIV/AIDS activities, with a primary focus on six countries in the Mekong region: Burma, Cambodia, China (Yunnan and Guangxi provinces), Laos, Thailand and Vietnam. HHO Bangkok will help plan, design, award, manage, monitor, evaluate and report on USAID’s HIV/AIDS program activities, in close collaboration with National AIDS Programs, other donors and NGO implementing partners.

The fact sheet also cited joint projects between Johns Hopkins University (JHU) and Thailand’s Chiang Mai University (CMU) that, it said, improved research on studies to describe the pattern and transmission of HIV infection in northern Thailand.

Following is the text of the fact sheet:

Fact Sheet on U.S.-Thai health collaboration, especially on HIV/AIDS

Thailand’s first AIDS case was discovered in 1984. By the late 1980s, one-third of Thailand’s 200,000-400,000 injecting drug users had been infected by HIV. A thriving sex industry and intravenous drug use had facilitated the disease’s rapid spread through the general population. In 1990, the number of new HIV infections in Thailand was almost 150,000 annually. Since that time, Thailand has actively fought the epidemic and succeeded in decreasing the number of new infections to an estimated 25,000 per year.

For over a decade, the U.S. Army Component of the Armed Forces Research Institute of Medical Sciences (AFRIMS) and the Atlanta-based Centers for Disease Control and Prevention (CDC) have collaborated with their colleagues in the Thai Armed Forces and the Min-

istry of Public Health (MoPH), as well as the academic sector, to fight HIV and AIDS. Their projects range from vaccine trials to studies of the prevention of mother to child transmission (PMTCT) of HIV. Many of these studies have also involved collaboration with a joint team of Johns Hopkins University (JHU) and Chiang Mai University (CMU) researchers working in northern Thailand. The JHU-CMU collaboration has more recently received funding from the U.S. National Institutes of Health. International collaboration has been especially important since the 1997 Asian financial crisis, when Thailand cut its budget for HIV and AIDS by nearly 30 percent. This year, the U.S. Agency for International Development (USAID) opened a Bangkok Health Office to implement regional HIV/AIDS activities.

#### AFRIMS collaborative efforts on HIV /AIDS.

For more than 40 years AFRIMS has worked closely with Thailand providing outstanding research, training and technology transfer. Beginning in 1958 when a group of Thai and U.S. scientists undertook a joint study on a cholera epidemic in Thailand, the collaboration was later established as the Southeast Asia Treaty Organization (SEATO) Medical Research Laboratory. In 1977, it became AFRIMS, a joint U.S.-Thai military tropical medicine research laboratory.

- Internationally recognized for its research in malaria, dengue, diarrheal diseases, HIV and other viral diseases, the laboratory's contributions have included anti-malarial drugs, and pivotal studies on Hepatitis A and Japanese B encephalitis vaccines.

AFRIMS has extensive collaborative relationships with academic, military, and MoPH organizations in Thailand, exemplified by ongoing HIV vaccine research efforts.

- In the early 1990s, AFRIMS collaborated with the Royal Thai Army and Air Force, the MoPH, and the JHU-CMU research team, with additional support from the Rockefeller Foundation, to describe the HIV epidemic among Thai army recruits. The team found that HIV prevalence was 12 percent among 21-year-old conscripts in some parts of northern Thailand, and that risk factors were behavioral: sex with sex workers, alcohol use, and other drug use.

- This team also developed preventive interventions, first piloted in 1993 among military recruits that were shown to have a significant impact on the epidemic among Thai

soldiers. HIV incidence in this group dropped by half from the previous year. Incidence of sexually transmitted diseases dropped to one-seventh the previous level, and risk-taking through alcohol use and commercial sex declined dramatically.

- Monitoring of the HIV prevalence among military recruits continues to be one of the key elements of national surveillance of the HIV/AIDS epidemic in Thailand, and continues to demonstrate declines in the prevalence of HIV infections among young Thai men.

-The U.S. Army and the TAVEG (Thai AIDS Vaccine Evaluation Group) have carried out a series of clinical evaluations of HIV vaccines which have been made specifically to resist the strain of HIV found in Thailand. Based on these studies, the collaborative effort has advanced to the large field-testing of a vaccine combination; lead investigators are from the Ministry of Public Health, Mahidol University and the Royal Thai Army, and sponsorship from the U.S. DOD and NIH. This phase III trial, which will be the world's largest trial of a preventive HIV vaccine, began in September, 2003, and will continue for five years.

#### CDC collaboration with the Ministry of Public Health.

Since 1980, the MoPH, HHS/CDC and the World Health Organization collaborated on field epidemiology training in Thailand. A formal partnership known as the Thailand MoPH - U.S. CDC Collaboration (TUC) began in 1990.

- Joint activities have focused on HIV prevention research in 4 key areas: behavioral science, and sexual, parental, and mother-to-child HIV transmission (PMTCT). Some key activities over the past 14 years have included: systematic analyses of sentinel surveillance data which track HIV prevalence among groups at highest risk for HIV infection; field studies of vulnerable populations, including youth, intravenous drug users, prostitutes, and military recruits; studies on the molecular epidemiology of HIV and its subtypes which provide valuable data for HIV vaccine development, and the study of biomedical interventions including clinical trials evaluating anti-retroviral drugs to decrease mother to child HIV transmission (e.g., the landmark 1998 Bangkok Regimen); the world's first HIV vaccine efficacy trial conducted in a developing country; and safety and acceptability studies of vaginal microbicides which moved one promising new product forward to a phase III efficacy trial in Africa this year.

- CDC's Global AIDS Program in Thailand was launched in 2001. Under a Five-Year Country Plan developed in collaboration with the Thai MOPH, HHS/CDC provides support for projects to strengthen HIV/AIDS prevention and care activities by focusing on work in seven technical areas: 1) training, health communications and partnerships, 2) care and counseling, 3) prevention and care for families, 4) prevention and care for special populations, 5) surveillance, monitoring and evaluation, 6) laboratory services, and 7) information systems.

- A unique feature of Thailand's Global AIDS Program is the ability to put the Collaboration's research findings into public health practice. Examples of this include the Collaboration's monitoring and evaluation system for Thailand's highly touted, national PMTCT program, and recent work in piloting HIVQUAL, a simple system designed for monitoring and evaluation of Thailand's National Access to Care Program targeting Highly Active Anti-Retroviral Treatment (HAART) for 50,000 Thais in 2004.

- In 2002, CDC-GAP initiated an Asia Regional Program to coordinate and facilitate technical support, training, and information exchange workshops among the five GAP countries in the Asia region (Vietnam, Cambodia, China, Thailand, and India), as well as countries in the Asia region without bilateral CDC programs on HIV/AIDS.

- The International Emerging Infections Program (IEIP) was added to TUC in 2001, with a mission of strengthening Thai capacity to identify and control emerging infections. IEIP focuses on four main areas of activity -- surveillance, research, training, and outbreak support. Ongoing surveillance and research activities provide much needed data on the causes of respiratory illness, febrile illness and encephalitis that will help guide treatment and prevention efforts and pave the way for new vaccines.

- In 2003, IEIP was heavily engaged in the SARS response in Asia, dispatching teams to Taiwan, Laos, Hong Kong, Beijing, and Singapore. In Thailand, IEIP worked closely with the MoPH; specimens obtained from a case were sent to CDC, resulting in identification of a novel coronavirus as the cause of the global epidemic.

- Another emerging disease, avian influenza, struck Asia in 2004. Thailand and Vietnam reported a total of 34 human cases and 23 deaths, with more than 100 million

commercial poultry killed or euthanized. IEIP epidemiologists worked with both countries to help control the spread in humans. In addition, IEIP helped organize an urgently needed regional training course.

USAID support to Thailand's HIV/AIDS program.

USAID's support to Thailand to address HIV/AIDS began in 1987 through funding to Family Health International's (FHI) AIDSTECH program in collaboration with the Thai MOPH. During that 5 year program 20 research and intervention projects were implemented and included such important issues/ topics as: behavioral and epidemiological research; cohort study of sex workers in Chiang Mai and male sex workers in Bangkok; assessment and upgrading of private STD clinics; workshops for condom logistic management; and HIV/AIDS education and prevention interventions for vulnerable communities. These efforts assisted the MOPH in the early establishment of effective HIV interventions in Thailand which has been used a model across the Asia region.

- From 1992 to 1997, USAID funded FHI's AIDSCAP project targeting lower-income people between the age of 15 and 29 in their workplaces, health facilities, and households in Bangkok. Additionally, Behavioral Surveillance Surveys (BSS) were pioneered in Thailand and five rounds were carried out to monitor the trends in sexual behavior showing an increase in safer behavioral practices.

- Although this project ended in 1997 when USAID closed its Bangkok Office, USAID support continued for FHI's Regional Program based in Bangkok through 2000. This program has had considerable impact throughout Asia. For example, USAID funds have allowed FHI to: facilitate cross-border linkages and lessons learned to improve the capacity of countries in the Asia region to respond to HIV/AIDS; work with local and international partners to coordinate and strengthen the local capacity to conduct second generation surveillance and monitor the epidemic; assess the dynamics of the epidemic among vulnerable populations and develop strategies for working with them; and establish national networks of people living with HIV/AIDS and support advocacy and networking through the Asia-Pacific region.

- In 2001, USAID funds were again made available for direct assistance to Thailand. This support through FHI's IMPACT project provided for: strengthening programs that address HIV and drug use among Akha villages in

Northern Thailand; developing a model intervention aimed at reducing male-to-male HIV transmission in northern Thailand; increasing HIV counseling, prevention of mother-to-child transmission efforts and community outreach for Burmese migrants in Mae Sot and Tak (northern Thailand); and assessing the risk behavior of female sex workers, military and police at the Thailand/Myanmar border and developing peer education, sexual health services and interventions to prevent the spread of HIV among them.

- Under AIDSMARK, Population Services International (PSI) Thailand received funding to design, develop and market a high-quality, affordable condom brand (One condom) and water-based lubricant targeted to high risk male youth, indirect sex workers and their clients, drug users and their sex partners, and migrants in Northern Thailand. The International HIV/AIDS Alliance (IHAA) received funding to carry out skills building workshops with drug user using the Participatory Assessment and Response Approach; and develop pilot projects in HIV and amphetamine drug use among at-risk youth in Chiang Mai.

- USAID's HIV/AIDS-Health Office (HHO) opened in Bangkok in June 2003 to implement regional HIV/AIDS activities, with a primary focus on six Mekong countries: Burma, Cambodia, China (Yunnan and Guangxi Provinces), Laos, Thailand and Vietnam. Cambodia, one of USAID's four HIV/AIDS rapid scale-up countries, will act in an advisory role to support regional activities. With Vietnam being assigned the fifteenth PEPFAR country, USAID's new role in this process is presently being redefined. For the other four countries (without USAID missions), HHO Bangkok will help plan, design, award, manage, monitor, evaluate and report on USAID's HIV/AIDS program activities, in close collaboration with National AIDS Programs, other donors and NGO implementing partners.

- The budget for the Mekong Regional program is approximately \$20 million annually; Cambodia alone has an annual HIV/AIDS budget of \$13 million. As needed, HHO staff will assist mission staff in South Asian and Pacific missions to develop high-impact programs and to act as a clearinghouse for sharing expertise and ideas derived by these programs.

U.S. NIH-funded projects through the Johns Hopkins University-Chiang Mai University research collaboration.

Medical researchers from JHU and CMU have been working together for 15 years on HIV/AIDS. Initial work focused on epidemiologic studies to describe the pattern and transmission of HIV infection in northern Thailand. Current studies, centered at the Research Institute for Health Sciences (RIHES), CMU, form part of major international collaborative efforts to test prevention and treatment interventions that would be applicable worldwide. This research center is one of the most prominent in Thailand that have received HIV/AIDS research grant support from U.S. NIH.

- Over the years, through July 2004, the USG has provided approximately \$25 million in support to this collaboration. Through 2007, an additional \$25 million in USG funding support is projected. In addition, numerous Thai leaders in the medical and public health fields have received professional training at Johns Hopkins, one of the most prominent being Dr. Vallop Thaineua, the current permanent secretary of the MoPH and former vice-chair of the Global Fund. Over the past 15 years funding through the U.S. NIH Fogarty AIDS International Training and Research Program has supported 13 physicians and researchers in obtaining advanced degrees at JHU and short-term training for an additional 54 Thai medical and public health officials. CMU and the individuals trained under this program are beginning to assist other countries in Asia, particularly Laos and China, in building programs in HIV/AIDS prevention, treatment and research.

Ongoing and upcoming USG-funded research projects at RIHES include:

- A landmark, six-country study to test whether antiretroviral medications can prevent sexual transmission of HIV within couples with one infected and one uninfected partner. Supported by the HIV Prevention Trials Network (HPTN) of the National Institute of Allergy and Infectious Disease (NIAID), NIH.

- A four-country study to test whether providing mobile voluntary counseling and HIV testing, outreach and education can reduce HIV infection rates in remote communities. Supported by the National Institute of Mental Health.

- Separate studies to assess whether group counseling that trains injection drug users (HPTN-supported) and methamphetamine users (supported by the National Institute on Drug Abuse) to teach their friends about risk

reduction, can reduce HIV infection, drug use, and risk behaviors.

- Continuing small, Phase I studies to test the safety of possible HIV vaccines. (Supported by the HIV Vaccine Trials Network of NIAID)

- A study of the effectiveness of once-a-day antiretroviral medication regimens (Supported by the Adult AIDS Clinical Trials Group of NIAID)

Other major NIH-sponsored activities in Thailand include:

- A recently approved, 5-year \$15 million CIPRA grant to The Thai Red Cross AIDS Research Centre for HIV research in Thailand and Cambodia. The Thai Red Cross is one of the three groups, which make up the HIV-NAT research collaboration. The others are The National Centre in HIV Epidemiology and Clinical Research, Sydney, Australia and the International Antiviral Evaluation Centre, Amsterdam, The Netherlands

- HIV-NAT is also National Trials Coordinator in Thailand for the NIAID-sponsored, 18-country clinical trial to determine whether interleukin-2, a substance which stimulates the proliferation of CD4 and CD8 T-lymphocytes, can delay progression to AIDS and extend survival among HIV-infected individuals (the ESPRIT study). The Thai portion of the trial received \$725,000 in NIAID support in FY 1993. Of the 4,000 subjects worldwide in this trial, 365 are enrolled in Thailand.

- The Program for HIV Prevention and Treatment (PHPT), a research group with joint sponsorship from Harvard University and the French Institut de Recherche pour le Developpement, conducts HIV/AIDS research in a network of 41 Thai hospitals. PHPT has received support from the National Institute for Child Health and Human Development (NICHD) to study short-course antiviral drug regimens for prevention of mother-to-child-transmission of HIV infection (PMTCT) and for monitoring of highly active antiretroviral therapy (HAART). Their most recent Phase III study demonstrated that adding nevirapine to the existing short-course zidovudine regimen used in Thailand for PMTCT could reduce mother-to-child transmission rates from 6.3% to 1.1% -- a rate comparable to that observed when using full HAART throughout pregnancy in developed countries. PHPT has been receiving about \$1.6 million a year in NICHD funds.

- PHPT's research network and Siriraj children's hospital

in Bangkok are two research sites of NIAID's worldwide Pediatric AIDS Clinical Trials Group (PACTG), which collaborate on a variety of clinical research related to HIV/AIDS in mothers and children. One PACTG project in Thailand, a study of Amphotericin B in treatment of AIDS-associated cryptococcal meningitis, is receiving \$725,000 in NIAID support over 3 years.

#### GROSSMAN IN BELGRADE URGES COOPERATION WITH WAR CRIMES TRIBUNAL

Under secretary of state for political affairs holds press conference

Serbia and Montenegro should cooperate with the International Criminal Tribunal for the former Yugoslavia (ICTY) "because it is right for the Serbian people. And it is an obligation you hold for yourselves," said the State Department's Marc Grossman in Belgrade July 9 following his meeting with the foreign minister of Serbia and Montenegro, Vuk Draskovic.

"It's time for Mr. Mladic to be in The Hague," said Grossman, the under secretary of state for political affairs, referring to former Bosnian Serb general Ratko Mladic. "It's time for the four generals to be in The Hague. And it's time for justice to be done."

In his opening remarks, Grossman told journalists he had come to Belgrade "first and foremost to congratulate the people of Serbia on the decision that they have made to continue democratic reform."

"We want Serbia and Montenegro to succeed," he said. "We want Serbia and Montenegro to continue on the path to Euro-Atlantic institutions, the European Union, and [NATO's] Partnership for Peace."

The obstacles to that integration, Grossman said, are Serbia's obligations to the Hague tribunal.

The U.S. official said his talks with Draskovic also included a discussion about Kosovo, where he was headed next. Grossman said he would be taking a simple message to Pristina: "We want to see progress on standards and on implementation of standards because ... these standards are European standards. They are about de-

mocracy, the protection of minority rights, privatization and a successful economy.”

#### APPLICANTS FOR STUDENT, SCHOLAR VISAS TO U.S. TO PAY \$100 FEE

Fee applies to F, J, and M visa applicants beginning September 1

International students, exchange visitors and scholars attending U.S. schools or conducting research in the United States in most cases will be required to pay a \$100 fee when applying for visas. The charge is in addition to the fee students must pay to obtain a U.S. visa.

According to a June 30 press release from the U.S. Immigration and Customs Enforcement (ICE), the fee, scheduled to take effect September 1, will help cover the costs of administering and maintaining Student Exchange and Visitor Information System (SEVIS), an Internet-based system that maintains information on foreign students and exchange visitors to the United States and helps facilitate their entry.

“The fee applies to F, J and M nonimmigrant classifications; however, participants in certain J-1 exchange visitor programs will pay a reduced fee of \$35 or be fee-exempt,” said the ICE press release.

Following is the text of the ICE press release:

June 30, 2004

#### ICE ANNOUNCES SEVIS FEE PUBLICATION

Washington, D.C. - Today U.S. Immigration and Customs Enforcement (ICE) announced that the Federal Register will post, and tomorrow will publish, a rule on the implementation of a \$100 fee for international students, exchange visitors and scholars attending school or conducting research in the United States. The fee, associated with the Student Exchange and Visitor Information System (SEVIS), will take effect September 1, 2004.

Students, scholars and exchange visitors from abroad whose schools or programs are approved in SEVIS will be required to pay the appropriate fee - in most cases,

\$100 -- prior to obtaining their visas. SEVIS, administered by ICE within the Department of Homeland Security (DHS), is an award-winning Internet-based system for maintaining information on foreign students and exchange visitors to the United States.

“Over the last year, ICE has worked to make SEVIS a stronger and more effective program by listening to our partners at universities and colleges nationwide and incorporating their suggestions for improving the system whenever possible,” said Jill Drury, Director of the Student Exchange Visitor Program (SEVP). “The new fee payment procedure is a continuation of our commitment to manage a system that enhances the integrity of America’s immigration system while facilitating the legal entry of legitimate international students and scholars into the United States.”

The purpose of the fee is to cover the costs for the continued operation of the SEVP, including the administration and maintenance of SEVIS. The 1996 law that mandated the establishment of the SEVP also required that the program be funded through the payment of fees. The fee applies to F, J and M nonimmigrant classifications; however, participants in certain J-1 exchange visitor programs will pay a reduced fee of \$35 or be fee-exempt. The fee will also fund the establishment of a cadre of liaison officers to help school administrators and students use SEVIS more effectively. Payment of the fee can be accomplished using a credit card via the Internet, by check through the mail or by a third party such as schools or sponsors.

SEVIS allows the DHS to collect and manage the information for foreign students and exchange visitors in the United States by maintaining up-to-date data that can be accessed electronically. SEVIS has simplified what was once a manual process, resulting in more accurate and timely data, faster processing and fewer delays for student and exchange visitors. Currently, more than 730,000 students and exchange visitors are registered with SEVIS at over 8,700 approved schools and programs nationwide.

U.S. Immigration and Customs Enforcement (ICE) is the largest investigative arm of the Department of Homeland Security (DHS), responsible for the enforcement of border, economic, infrastructure and transportation security laws. ICE seeks to prevent acts of terrorism by targeting the people, money and materials that support terror and criminal networks.